

THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÆ."

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SATURDAY, SEPTEMBER 8, 1883.

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## Original.

### MANAGEMENT OF SECUNDINES AFTER ABORTION.\*

BY DR. WM. BAILEY,

*Professor of Principles and Practice of Medicine, Hospital College of Medicine.*

I was hurriedly summoned at 5 o'clock, A.M., August 15, 1883, to see Mrs. T. S., aged twenty-two, the mother of one child, twelve months old, which she was still nursing. She did not know that she was again pregnant, and although there had been in the last two or three months repeated losses of blood, she attributed them to irregular menstruation.

The day and night before I was called she suffered with much pain, which she and her family took to be colic, and administered accordingly; but no relief was obtained, although sinapisms were assiduously applied both fore and aft. Not obtaining relief, and having about that time quite an extensive loss of blood, I was summoned in haste.

I found upon examination that a fetus had been extruded through the os, accompanied by considerable hemorrhage, as the bed and surroundings were much soiled and the vagina was full of clots. From the development of the fetus, I took it to be three and a half months old. I emptied the vagina of its clots, and to my chagrin found that the os had firmly closed down on the little cord, which all through the case I was careful to preserve, for although, on account of its frailty, it could not serve any purpose in the removal of the after-birth, yet I felt it might prove to me a clew for definitely locating the same at some future period—the chief difference being that in the Cretan labyrinth, for the imprisonment of

Minotaur, and in that at Woodstock, where Henry II imprisoned the fair Rosamond, the clew served them to secure exit, whereas mine was to secure entrance, however devious the mazes might be.

I have reported this every-day case, that is not even possessed of peculiarities, for the purpose of inciting a discussion of the management of cases of abortion with retained secundines, and would be pleased to limit the discussion to that period after the fetus has been delivered.

Perhaps I can best give you my own convictions in regard to this subject by detailing to you the further management of this case. Finding, as before stated, that the os uteri had closed and that no hemorrhage was going on, and an entire absence of pain, I did nothing. I kept careful watch of the case by frequent visits, and directed the patient to remain quiet in bed. This state of things continued during the 15th and 16th instants.

On the morning of the 17th I ordered the bowels to be moved by a large injection of soap-suds containing one dram of turpentine, as they had been constipated since the "colic" began. At this time I observed that the tongue was somewhat coated and enlarged, and being in a malarial district, I ordered five-grain doses of quinine every four hours. This was at 11 o'clock, A.M., on the 17th, fifty-four hours after the fetus had been extruded. The temperature had at no time gone above 99° Fahrenheit, and no fetor characterized the discharge. No pain or hemorrhage took place during this entire period. Of course I gave instructions about what was to be done in the event of the occurrence of either of these in my absence.

I was summoned to the case again at 3 o'clock, P.M., of that day, and found the uterus undergoing periodic contractions. A small clot of blood was also exhibited.

\*Read before the Medico-Chirurgical Society, Aug. 31.

Upon examination, I found some clots in the vagina, but the os uteri not sufficiently open to enable me to pass my finger into the uterus, but more patulous than at any former period. Not being willing to trust my patient again under the changed circumstances, I applied a tampon of cotton through a speculum. At 7 P.M. I found the pains continuing; but, as she had not been able to empty the bladder since the tampon was introduced, I relieved her by the use of the catheter.

At 10 o'clock, P.M., sixty-five hours after the delivery of the fetus, I found that the pains had ceased. Upon removal of the tampon, I found that the placenta was easily removed from the vagina and neck of the uterus. Almost the entire body of the after-birth was outside of the external os. The case pursued a favorable course to recovery; the uterus seemed to have made a clean and perfect delivery. Vaginal injections were used in the case for cleanliness, but not medicated.

I am not sure that I gave the quinine with any view of oxytocic influence, but believed that it was indicated for the general condition.

I have confidence in it also as a remedy in septic diseases, and although no evidences of sepsis were apparent, I thought that possibly preoccupation might be the best strategy.

I am not inclined to believe, with many, that quinine has oxytocic power, and yet I believe that in certain conditions of the system, and at certain stages or in certain possible contingencies in labor that quinine gives power to the forces in labor. I would not advocate that it is unsafe to give quinine in intermittents in pregnancy, for I believe that premature labor may be induced by the disease on account of which the quinine is indicated.

I have reported this ordinary case in this plain way because, recently, it has been strongly urged by those high in authority that it is always best to deliver the secundines *at once* after an abortion, "peaceably, if you can, forcibly, if you must." I am inclined to more conservative action, such as is indicated in the case reported.

I find, in the August number of the St. Louis Courier of Medicine, a very sensible and conservative article from the pen of Dr. Walter Coles, of St. Louis. His article seems to have been called forth by articles found in the February number of the American Journal of Obstetrics, by Dr. T. Johnson Alloway, of Montreal, and the editor,

Dr. Paul F. Mundé. By reference to these articles you will find very much to commend.

All observers will agree with them as to the necessity of a complete emptying of the uterus after abortion as the only safe measure for the woman, and I am willing to urge that the sooner this is done, other things being equal, the better it is for her.

I am, however, not willing to admit that in such cases as I have reported above that it would have been better practice to have forcibly dilated and mechanically, by finger, curette or forceps, removed the after-birth at an earlier period than that at which I removed it. My position does not oppose the management pursued by these gentlemen in a majority of the cases reported by them. A small percentage only of their cases illustrate the principle enunciated by the authors.

They advocate in all cases the "*immediate*" removal of the secundines, when, in fact, as noticed by Dr. Coles, their reported cases have to do with cases where the secundines had been retained, some of them, for days and weeks after the abortion. In only one of the five cases cited by Dr. Alloway was the principle applied. In Dr. Mundé's table you will observe that in over two thirds of the cases the removal did not occur till after twenty-four hours, and ranging from that up to sixty days. We have no criticism to make of the management of most of the cases as reported, but we do not believe that the data warrant them in concluding that "*immediate*" removal is or should be the practice in all cases.

I ask your attention to that very intimate anatomical relation which exists between the placenta and uterus in the early stages of gestation.

We are informed, by obstetric authority, that nature institutes, toward the close of natural gestation, degenerative changes by which this attachment is lessened, and hence we seldom observe retained, or at least abnormally attached placentas at full-term labors. No serious lesion occurs to the uterus on account of the severance of connection. How is it, when the removal is enforced before nature has worked its purpose by degeneration? I am constrained to believe that even in skilled hands the curette must be the cause of considerable trauma to the internal surface of the womb, and in the hands of many it may prove the source of great injury.

It is only claimed by its advocates that

it is fit for the separation, and not for the removal of the parts attached. The after-birth is necessarily very much lacerated in detachment by that means, and you will be in doubt whether the emptying is complete and perfect. When nature is allowed time to separate the placenta, she also closes the sinuses and endeavors to prevent hemorrhage as well as the absorption of septic matters.

When the curette is used, or it becomes necessary in any other way to mechanically separate and dislodge the placenta, the sinuses are again torn open, and the trauma favors septic poisoning. Beside this, inflammation is more likely to be produced, and its evils may have to be combated. Hemorrhage is not by any means the only danger to be apprehended in cases of abortion. Indeed, when, after the period at which the placenta is formed, abortion occurs, you will find that hemorrhage is more likely to be alarming at the time, or immediately subsequent to the extrusion of the fetus, than in connection with the separation and removal of the placenta, for the reason already assigned, to-wit, that nature has closed the blood-vessels.

As additional means I would mention the use of hot water injections, ergot, opium, etc., each according to indication. In cases where the tampon is essential on account of hemorrhage, I would advise the use of some means to dilate the os at the same time, some one of the many tents in use. You can more certainly control the hemorrhage, and you prepare for any operative procedure that may be found necessary. Again, allow me to repeat that I am not combating the use of tent, finger, curette, or forceps, in such cases as are many of those reported by Dr. Mundé, in order to free the uterus of its contents.

On the other hand I think it would be reprehensible not to pursue the course advised by them when the placenta is undergoing decomposition, or when marked evidences of septic poisoning appear, or when it is apparent that nature can not possibly deliver in a few days. My purpose is to seriously controvert such practice in cases like the one I have reported. I hold that it is typical of many others, for I have repeatedly obtained the same results by the same means. I only ask that when no condition actively exists, making it absolutely necessary to interfere at once, that you give time for nature to make the placenta both easily and safely separable. Who has not seen, on the second or third day, the con-

sulting physician come in and *at once* without difficulty remove an after-birth after abortion, when you had previously failed to do so? Perhaps to your chagrin and mortification it has been commented upon by the friends of the patient. If your counselor is not very particular he may be inclined to advance himself at your expense. I am told that it is not uncommon for physicians in *other cities* to do this. His efforts at first might not have been any more successful than yours had been.

I was induced to commend a physician upon one occasion who, upon examination, found conditions had changed so that they were favorable for removal, when he gave place to the attendant in order that he might do what was so easy to be done at that time but which was so difficult before. My own conscience approved my course once when I was called in an emergency to a case of labor belonging to my friend and neighbor, but inasmuch as I was momentarily expecting him, I desisted from rupturing a bag of waters that had served its purpose and was distending the vagina, for fear that the labor would be accomplished before his arrival. I advised him of the condition of things upon his entrance to the room, and asked that he immediately rupture the membrane, whereupon the child was delivered before I could put on my overcoat and take my leave. I am sure I could have delivered the woman fifteen minutes before his arrival.

Allow me to say in this connection, and to terminate this diversion, that no professional duty is more incumbent upon us than that of duly maintaining the reputation of our brethren when we can do so without violence to our consciences. "Let each esteem others better than themselves."

LOUISVILLE.

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LIGATURE OF THE COMMON ILIAC.—Kümmell also reported a ligation of the common iliac, made necessary by secondary hemorrhage four days after extirpation of a bubo. The external iliac was first tied, and ten days later the common trunk. Gangrene followed this latter procedure, and necessitated amputation at the hip. The patient finally recovered. He had found statistics of fifty-five cases of ligation of the common iliac, mostly by English and American surgeons; of the three reported from German sources all died. Altogether, forty-one were fatal through gangrene, collapse, or septic processes.—*Annals of Anatomy and Surgery.*

## Miscellany.

**LOUISVILLE SCHOOL OF PHARMACY FOR WOMEN.**—This institution was incorporated early in the present year, and notwithstanding the novelty of the project, and the strong opposition which it, like all new movements for the advancement of women, was compelled to meet at the outset, its first course was successful beyond the expectation of its founders.

The next session will begin with the first Monday in October, continuing twenty weeks, and it is safe to predict that with its fine equipments and efficient faculty, the school will demonstrate the fitness of women for honorable and useful service in pharmacy. Every true philanthropist will wish it good luck.

**DR. S. J. PERKINS** died at Nacogdoches, Texas, on the 28th of July, 1883. He was born in McNary County, Tenn., in 1854, but passed the greater part of his life in Texas. He was a gentleman not only of scholarly attainments and culture, but also of recognized ability in his chosen profession, and his untimely death cuts short a career of much promise. At a meeting of the physicians of Nacogdoches, held recently, a merited and graceful tribute was paid to his memory.

**AMENITIES OF MEDICAL JOURNALISM IN FORMER TIMES.**—A correspondent of the Midland Medical Miscellany writes a letter of condolence to that journal on noticing that certain of its contemporaries have been inclined to sneer at it or damn it with faint praise. He cites the following as a specimen of the Lancet's facetious comments upon rival journals in 1828: "A friend of ours was sitting lately in Callow and Wilson's reading-room, when that facetious wight, Joe Burns, entered and took up the first weekly *excrecence* of *Macleod's* YELLOW FUNGUS; he had just raised it to reading distance, when he suddenly removed it from the neighborhood of his olfactory organ with a gesture and expression of face indicating strong disgust. Joe was asked what he had got [*sic*] there? 'A bat's—' was the short reply, affording an unexpected confirmation of the naturalist's remark on the bat kind, '*Alvi dejectiones in hoc genere fetore horribili imbutæ sunt.*' This specimen of good taste is outdone by the following: 'Some despicable imitations of the Lancet

have arisen, *stunk*, and become extinguished; one or two are still *emitting a like fetor.*' If the Midland Medical Miscellany had existed in those days, it would have shared in the abusive epithets so lavishly bestowed upon Earle, Keats, Travers, Sir Ben. Brodie, Dr. Johnson, etc. Fortunately, other times and other manners have come."

[It is evident that in those days any new journal was a "stench in the nostrils" of the Lancet's editor.]

**A VALUABLE CONCENTRATED FOOD.**—Wm. H. Coggeshall, M. D., Richmond, Va., writes, in the Southern Clinic: During the past eighteen months I have employed one of the newer preparations of beef, the "Beef Peptonoids," manufactured by Reed and Carnrick, extensively, and am so well satisfied with it that I feel it a duty to call the attention of the profession to it as far as lies in my power. I am sure that a fair trial of it will convince any practitioner that it is a most valuable means of alimentation.

Remembering with what success the beef peptonoids had been employed as a rectal aliment in the case of President Garfield, I used it *per orem* in several cases of variola, and found it of the utmost value, as by its use my patients were sustained until the violence of the disease had spent itself, and I fully believe the recovery of all my later cases was due entirely to that fact.

Since then I have employed the same preparation in typhoid fever and pneumonia, and I have been particularly impressed by the fact that patients express the same sense of satisfaction of appetite, after an ordinary dose of the extract, that is usually felt after the ingestion of a full meal in health.

In a case of complete exhaustion after a protracted drinking bout, when the nervous and digestive systems seemed to be almost beyond recuperative action, I was enabled to quiet the violent retching, and place the patient in a condition where rest and sleep could take the place of medicine, simply by small, frequently repeated doses of peptonoids.

In a case of distressing vomiting of pregnancy, after an unsuccessful trial of the usual remedies, the patient was relieved by the use of a single dose of the preparation taken each morning before rising; and since then I have advised the same treatment in several other cases, with the best results.

A lady, suffering the torment of an ulcerated tooth, got a hypodermic injection of



morphia. The injection was followed by the most alarming nausea and depression, and nothing gave any relief until I employed the peptonoids; its use in small doses soon quieted the stomach.

In the wasting diarrheas of children, where I formerly used finely-chopped raw beef, I now depend altogether on frequent doses of this extract; and, after over a year's almost daily use of the preparation, I can not but feel that in "beef peptonoids" the profession possesses a nutrient whose value, especially in ready assimilation, is far beyond that of any other with which we are at present acquainted.

THE CHANGE OF MEDICAL OPINION IN REGARD TO THE CAUSE AND RECENT EXTENSION OF MALARIA.—Dr. Charles P. Russel, of New York, in the Medical Record:

In the August (1876) number of the Popular Science Monthly I published a brief account of the views then entertained almost universally as to the conditions from which malaria was regarded as springing—views in which, at that time, I concurred. Since then, however, I have been forced to materially modify my opinions on this subject. During a conversation some few years since with the late Dr. Hayes, the Arctic explorer, I learned that malarial disease was not unknown in Arctic regions where the *summer temperature almost never rose above 60° F., with an average for the warmest month of only about 45° F.* Dr. Hayes treated several cases of intermittent fever among the natives there. *This disposed at once of the tradition that an average summer temperature of at least 59° F. is one of the essential factors in the causation of such disorders.*

Investigating the subject more thoroughly, I found many instances of the occurrence of malarial diseases in other places where vegetable decomposition was, to any great extent, impossible; and very many more instances exist, as every body knows, of spots where all the so-called conditions for the production of the malarial poison have always been present without such poison ever having manifested itself; and others still, in which, under similar circumstances, it has appeared only at rare intervals. The doubts thus excited were subsequently corroborated during a professional connection with several cases of mill-dams alleged to produce malaria. Within a few years the assumption of the truth of the convictions upon this subject entertained by most physicians and hygienists has been the basis for a war

upon mill-dams in the Middle and Eastern States. Assuming that the exposure periodically, by drawing off water, of lands contiguous to a stream, and, in fact, forming a portion of the river-bed when the mill-dam was full—such drawing off of a certain quantity of water laying bare a considerable area of submerged ground covered with vegetable growth, and that the action of the summer sun upon such vegetation must inevitably create malaria—there could be little question as to the deleterious influence of any mill-dam within certain latitudes upon the health of the neighboring community. But, unfortunately for this theory, there are thousands of mill-ponds within the specified regions of average summer temperature, presenting every prescribed condition for the creation of malaria, in whose vicinity chills and fever have always been as much unknown as yellow fever or the plague.

In this connection it is proper to recall the fact that *since the United States census of 1870 there has been particularly noticed an evident extension of the subtle miasmatic influence over regions previously exempt from it within the Middle and New England States.* The additional effect of this disease-wave upon the naturally malarious site of New York City alone in this period was exhibited in the fact that from 1868 to 1872 the number of annual victims to these fevers increased three hundred and fifty per cent. It is well known that in places previously exempt from them miasmatic fevers occasionally appear and disappear without there having taken place any perceptible changes in the relations of the soil. Sometimes such fevers assume a widely epidemic or pandemic character, appearing to have broken loose from their native haunts in order to invade a great extent of territory. Thus, as Hertz and Proust inform us, the continent of Europe was almost entirely overspread by such pandemics in 1558, 1678, and 1679; from 1718 to 1722, from 1808 to 1811, from 1824 to 1827, and from 1845 to 1848. That the cause of malaria being thus disseminated is equally mysterious with that of most epidemics, few will venture to deny.

ONE person out of every five in the United States has one or more corns, and the cost of effecting a cure is \$1.30. What is the number of corn victims, and what would be the cost of placing every person on a sound footing?—*Canada Med. and Surg. Journal.*

**PORRO'S OPERATION.**—Survivorship of mother and child, according to reports of the *Gazetta degli Ospitali*, of the 4th and 25th ult., attended the performance of Porro's operation on June 17th, by Dr. Ferdinando Franzolini, of Udine. The patient, aged thirty-four, had been married four years, and miscarried three times. She was much deformed from rickets, and the entrance to the pelvis was so much narrowed by projection of the sacral promontory as to render ineffectual the violent labor pains. These had lasted fifty hours, and the membranes had been ruptured twenty-six hours. The os was high, but sufficiently dilated to admit the tips of three fingers. Head presentation; fetal heart-beats clearly perceptible. In compliance with the urgent entreaties of both parents, Dr. Franzolini determined on the removal of the gravid uterus and appendages as affording the best chance of survivorship to mother and child, and as the only effectual way of avoiding placing life in jeopardy by another pregnancy. Chloroform having been administered, the gravid uterus was brought out of the abdomen through an incision extending from an inch and a half above the pubes to a point two inches above the umbilicus. After removal of the uterus, the stump was fixed in the lower angle of the wound. The wound, which was dressed with purified tow, charged with ten per cent of carbolic acid, healed in great part by the first intention. The temperature only exceeded 100° on the third day, and then very slightly. From the third day the child took the breast, and continued to thrive with no other nourishment. The peduncle separated on the fifth day. On the sixteenth day after the operation the patient left her bed, and Dr. Franzolini had the well-earned satisfaction of watching the uninterrupted progress of mother and child. *Lancet*.

**NOT THE FIRST TIME, BY TWENTY CENTURIES!**—The following is in the *Medical Times and Gazette*, of April 7, 1883, taken from the *Lyon Medical*: "The little son of my porter having fallen ill, I inquired about him, and learned that he was being attended by a doctor who lived a long ways off, although one resides on the premises. Expressing my surprise, the father said, 'Well, what is to be done?' M. is, perhaps, a good doctor, but I have no confidence in him. How so? 'Why, you see,' replied the porter, lowering his voice, 'he gives advice gratis.'" The following, from

the Talmud, is more terse: "The physician who cures for nothing is worth nothing." Similarly, in "King Lear," we have: "Kent. This is nothing, fool. Fool. Then 'tis like the voice of an unfee'd lawyer."

**OPERATION IN PERITONITIS.**—In the number for May 26th, the *Revue Médicale* relates the following case: A delicate child, of eight years of age, who had not had any serious illness before, came under the care of Dr. Reibel, who reported the case to the Strasburg Medical Society. It was the subject of a generalized peritonitis, which by the tenth day exhibited a great amelioration. On that day a relapse ensued, and the disease assumed a more and more menacing character, so that the child's death seemed to be imminent. Dr. Reibel resolved to evacuate the effused liquid from the cavity of the peritoneum, and wash it out with a carbolic-acid solution. The abdomen having been opened, no liquid was found in the peritoneum, but this was washed out with tepid carbolic acid, and the child eventually recovered. An example of peritoneal tolerance, at all events!—*Medical Times and Gazette*.

**BELLADONNA IN MALIGNANT MALARIAL DISEASES.**—J. W. Kennedy, M.D., of Louisville, Texas, in the *Southern Practitioner* for September, says: In our Southern country, where we have so many cases of malignant or pernicious malarial disease, I would like to call the attention of the profession to the use of belladonna or atropia during the stage of congestion. I have used it for two years past with increasing satisfaction. Atropia hypodermically I deem the best method of administration. I hope those who have not already done so will give it a trial in these trying cases, and report.

**SMALLPOX IN NEW ORLEANS.**—There were nineteen deaths in New Orleans from smallpox for the week ending August 18th.

**SIR WILLIAM MACCORMAC** sailed from Liverpool, on the 23d ultimo, on a brief visit to this country.

**TYPHOID FEVER IN COUNTRY RESORTS.**—It is reported that typhoid fever has shown itself in several country resorts.

ATTENTION is called to the advertisement of the Louisville College of Pharmacy for Women, on page vi.

## The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - } Editors.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

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### AMMONIATED CHLOROFORM IN THE TREATMENT OF ZYMOTIC PYREXIA.

Benj. Ward Richardson, M.D., F.R.S., contributes to the *Lancet*, of June 9th, a thoughtful and suggestive article, in which he shows how ammonia combined with chloroform may be inhaled with curative effect in croup, and by the same method be made to do good service in the treatment of zymotic fevers.

His method of preparing the mixture is as follows: A saturated alcoholic solution of ammonia is mixed with an equal quantity of chloroform or methylene bichloride. Any water which may separate on mixing the drugs is removed, and a clear fluid, ammoniated chloroform, is obtained ready for use.

The compound may be administered by placing two fluid drams of it in a small Woulfe's bottle, which is connected with a leather inhaler armed with an expiratory valve. The patient is instructed to inspire till bubbles of air pass freely through the fluid in the bottle, the inhaler being thus charged with chloro-ammoniated vapor which enters the lungs.

Dr. Richardson claims that from the first the ammonia is deprived of much of its pungency by the presence of the chloro-

form, and that after a time, as the narcotic begins to take effect, larger quantities can be inhaled without giving rise to cough or irritation.

The effects of the drugs, when inhaled, seem to extend in four directions: (1) Under the sedative action of the narcotic relief from pain is obtained, and repose, if not actual sleep, is secured; (2) under the combined influence of the vapors there is reduction of temperature; (3) under the influence of the ammonia there is a sustained fluidity of the blood, while free secretion is induced; (4) under the action of the combined vapors an antiseptic effect is obtained, which is always favorable.

The author believes that in these suggestions a new and great principle of treatment may be found, viz: That through the inhalation of suitable medicaments we may learn how to reduce zymotic fever at once with direct precision, without employing drugs which must pass from the stomach slowly into the system by absorption, and out of it again by slow elimination, and which, after all, do not immediately command the position that ought to be attained in the management of acute disease.

Dr. Richardson was led to adopt this idea in 1853 by the successful application of ammoniated chloroform to a case of so-called phagedenic croup. The case was one of many in an epidemic which was then prevailing at Mortlake. Three of the cases proving fatal, and at post-mortem showing a separation of fibrin in the heart, the author, with a view to maintaining the fluidity of the blood, had been led to give ammonia freely by mouth to the patients which subsequently came under his care.

In the case under notice, the patient—a child six years of age—refused to swallow medicinal doses of ammonia; and, as death seemed certain, Dr. Richardson, as a last resort, gave a mixture of ammonia and chloroform by inhalation. This treatment was continued for fourteen hours, with the effect of producing at first a gentle narcotism—during which the quantity of ammonia

was increased—and, after an hour, comparative ease in breathing. In the course of three hours the patient had a loose cough, with free expectoration, although there was continued sleep. The fever rapidly subsided, and when the vapors were finally withdrawn there was quick return of consciousness, with complete subsidence of the acute symptoms. The recovery was rapid and complete.

Recently, at the suggestion of the author, a patient with puerperal fever was made to inhale the mixture every three hours for three days without the slightest discomfort, and with obvious direct advantage.

In a series of observations and experiments commenced soon after the successful termination of the case of croup above mentioned, and continued at long intervals until 1870, the author found that ammonia and chloroform in combination were competent to reduce the temperature of warm-blooded animals, and were also possessed of remarkable antiseptic properties. In proof of the latter assertion he recently exhibited before the Medical Society of London a specimen of blood which had been preserved by these agents in a fluid state, and without a sign of putrefaction, for twenty years.

The direct application of medicines to the parts affected, and the avoidance of that winding way to the seat of the disease through the alimentary canal and portal system, have long been a desideratum with the therapist, and, to satisfy this desire, epidermic, endermic, and hypodermic methods of medication, with inhalation, have been devised, and in many forms of disease applied with good effect. Inhalation, especially in the treatment of respiratory disorders, both functional and structural, and in not a few nervous affections of a painful or spasmodic character, is common enough in practice; but the idea of controlling systemic affections of a zymotic type by this means would seem to be new, and we believe that the method is not without promise of much good.

That the lungs are active eliminative organs is a well known physiological fact, and

that the pulmonary mucous membrane affords us a ready and rapid medium for the introduction of medicated vapors into the circulation is well understood.

In the light of this knowledge, therefore, the value of Dr. Richardson's observations may be recognized, and the *modus operandi* of ammonia and chloroform, when thus exhibited, readily perceived.

By the inhalation of these drugs the circulation is charged with a stimulant antiseptic, whose tendency is not only to destroy the specific poison of the zymotic disease, but to favor its rapid elimination through the same avenue by which the medicine enters the system, while, at the same time, the quantity of watery vapor exhaled by the lungs is increased, with a consequent reduction of temperature.

Thus, at the same time, are three essential prerequisites of treatment secured by a simple combination of drugs which enters the circulation unchanged through a direct avenue of medication.

We believe that this suggestion will be gladly received by the physician, and acted upon with good results, and that this "child's step in an immortal journey," as the author modestly puts it, may prove to be a giant's stride along the highway of medical advancement.

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DR. BATELY, in the *Lancet*, states that in an obstetric practice involving two years' time and a hundred and seventy-six labors, he saw but five pairs of twins. From this he is led to believe that writers rate too high the proportion of double to single births.

A curious fact in this connection is that four pairs of these twins were born at a country village, in families living not eighty yards apart; while a few years before, Dr. Smythe had noted the birth of a set of triplets in the same neighborhood.

*Query:* Was multiple pregnancy epidemic in that town, and if so, was the outbreak due to local conditions, or importation of the specific germ?



## Bibliography.

**FRESH-WATER SPONGES:** What, Where, When, and Who wants Them. Edward Potts, 228 S. Third Street, Philadelphia, Pa.

This is a circular, designed by the author to call attention to the fact that many species of fresh-water sponges exist in our lakes, rivers, and streams, and to ask all who may be interested in zoölogical problems to aid him in preparing a list of our indigenous species.

This list will appear in a work on the subject, which Mr. Potts is now preparing. The habitat of the sponges, the time for collecting them, the points by which they may be recognized, and the means necessary for their preparation and transportation, are clearly set forth.

Any of our readers who may desire to aid in the advancement of science, with the possibility at the same time of stumbling into fame by discovering a new sponge, should send for this circular and carefully follow out its directions.

**REMARKS ON HYDROPHOBIA.** Read before the Philadelphia County Medical Society, May 23, 1883, by Charles W. Dulles, M. D., Surgical Registrar to the Hospital of the University of Pennsylvania. Reprinted from Philadelphia Medical Times, Aug. 11, 1883.

This is an interesting contribution to the literature of an obscure affection. Dr. Dulles handles the subject in the spirit of scientific inquiry, and brings before the reader many interesting points, among which the vexed question as to whether hydrophobia shall be regarded as the specific result of the bite of the rabid dog, or as a symptom merely of various neuropathological states, is considered at length.

A discussion upon the questions passed in review by the paper, in which Drs. Wood, Bartholow, Mills, Wittig, and other members of the Society took part, is appended, and makes up a valuable part of the brochure.

**ANATOMY, DESCRIPTIVE AND SURGICAL.** By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons, Lecturer on Anatomy at St. George's Medical School. With an introduction on General Anatomy and Development, by T. Holmes, M. A., Cantab., Surgeon to St. George's Hospital, etc. The drawings by H. V. Carter, M. D., late Demonstrator of Anatomy, St. George's Hospital, with additional drawings in later editions. Edited by T. Pickering Pick,

Surgeon to St. George's Hospital; Examiner in Anatomy, Royal College of Surgeons of England. A new American from the tenth English edition, to which is added, Landmarks, Medical and Surgical, by Luther Holden, F. R. C. S., with additions by Wm. W. Keen, M. D. Philadelphia: Henry C. Lea's Son & Co. 1883.

**A TEXT-BOOK OF GENERAL PATHOLOGICAL ANATOMY AND PATHOGENESIS.** By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by Donald MacAlister, M. A., M. B., member of the Royal College of Physicians; Fellow and Medical Lecturer of St. John's College, Cambridge. New York: William Wood & Co., 56 and 58 Lafayette Place. 1883.

**A MEMORIAL SKETCH OF WILLIAM HERBEN MUSSEY, M. D.** By Edward Mussey Hartwell, Baltimore. Reprinted from the Annals of the Society of the Army of the Cumberland for 1882.

This address is but a just tribute to the life and character of a noble man.

**A REPORT ON LACERATION OF THE CERVIX UTERI.** By T. B. Harvey, M. D., Professor of Surgical and Clinical Diseases of Women in the Medical College of Indiana, etc. Reported for the Indiana State Medical Society, May, 1883. Indianapolis: Baker & Randolph. 1883.

## Correspondence.

### UNAUTHORIZED PRACTITIONERS.

*Editors Louisville Medical News:*

The Medical Record, of August 18th, comments upon a sudden death in New York, and says the jury expressed the opinion "that it is the duty of the authorities to protect the people against unauthorized practitioners of medicine."

This is an eminently wholesome suggestion. It is not a new suggestion. Some authorities have taken hold of it, and are driving out the whole brood of harpies which prey upon human credulity. Illinois is doing exactly that thing to-day. Ignorant pretenders, who go up and down the earth curing cancers and consumption and rheumatism, with less knowledge of pathology and therapeutics than an average mechanic, publish in the city papers their superior skill, attested by names which are never

recognized, extort from the simple-minded man or woman \$25 to \$50 for roots and leaves and barks having as little efficacy as thin air upon a broken bone, and the tolerant world says, "Certainly, let him practice his profession." This same very liberal world demands a license from the engineer who proposes to run a locomotive. Steamboats and railroads are important and valuable properties. The lawyer who deals with your estate also must have a license. Money and lands are precious things, but where only life is at stake any body can attend to that. *Let him practice!*

To a common-sense man the simple statement shows the folly of permitting the uneducated pretender to meddle with life issues. But to the deluded victims it is worse than folly—it is hazardous; it is madness. The most accomplished physician or surgeon feels the hazard of a complicated case day after day, and yet they are educated in a profound science which has been the growth of a thousand years. To him cancer and consumption and rheumatism are terrible realities. He doubts, he hesitates, moves cautiously, does nothing without a reason, a reason supported by the experience of thinkers skilled in the art of healing; but the itinerant charlatan hesitates at nothing, rushes in among tissues delicate and fragile as spun glass, and slashes away with a weapon the force of which he has no knowledge of whatever. Let him practice, do you say? No, sir. I say, with the New York jury, the authorities owe protection to the people—protection against unauthorized practitioners of medicine.

There is too much at stake. Legislators come from the people; they serve the people; they should recognize this as one of the points at which they can do their people infinite service.

In addition to the schools, there should be some power to say, thus far and no farther. The vagabondizing curers who feed upon ignorance and extort money from pain should be called to halt by the authorities and made to show some right of education to dish out their infusions and their washes and their salves.

The legislature can not impart brains or skill or honesty by resolution, but it can say, show your authority before you tamper with human life. Give evidence that you have paid some attention to anatomy and physiology and pathology and therapeutics before you put your rough pretensions to the test upon my people.

Illinois, I say, is driving out these harpies. Kentucky is flooded with just such pretenders. The old State ought not to be a harbor for the outcast vagabonds of other States.

How are they to be driven out? Let the medical journals show the danger of these unlicensed and utterly unqualified practitioners, and then secure the co-operation of the secular press. These united forces will open the eyes of intelligent people, and presently the common voice will demand of legislators some act which will put a check to all irresponsible practice of medicine.

If there is nothing in legitimate medicine as administered by educated men, then throw down the bars and let the herd rush in. If, however, this old art requires some study, some experience, some skill, as in the case of your engineer with his locomotive, then let some restriction be put by law upon him who proposes to practice this art. The interests of humanity require it, demand it. The man who is ignorant of what rational medicine is, or who is careless of humanity, will scout all this; but the duty of the medical press is clear.

J. J. S.

## THE AMERICAN PUBLIC HEALTH ASSOCIATION.

*Editors Louisville Medical News:*

The American Public Health Association will hold its Eleventh Annual Session at Detroit, Michigan, commencing Tuesday, November 13, 1883, and ending Friday, November 16th.

The subjects which have been chosen for special consideration at that time are:

*I. Malaria:* Its etiology and the methods for its prevention in localities or in persons; its American history; its specific particles; its origin; the conditions of its pervasion; its laws of extension, etc.

*II. Foods:* Their adulterations; healthy or deleterious modes of preservation, and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

*III. Vital Statistics:* Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.

*IV. The Control and Removal of all Decomposable Material from Households:* The mechanical laws, constructions, and appliances relative thereto. The construction of all inside pipes and their connections, their traps and syphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

The Executive Committee by this outline desires to avoid general dissertations on these subjects, and to secure facts and opinions as to practical methods of dealing with the interests of public health. Reasons for the views entertained, the results of experience and the best judgment as to preventive and restrictive measures are especially sought.

Methods and systems of physical education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Special Committees on Compulsory Vaccination, the Management of Epidemics, and on Diseases of Animals, will, before the completion of their reports, be glad to receive communications from any who have facts or opinions bearing on these subjects.

Active and associate members have the same consideration in the presentation of papers, and in discussion. Gentlemen who propose to present papers are requested to notify the Secretary at once, and to give the titles of their proposed papers.

The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the Secretary by October 15th, and that the paper complete be in the hands of the Secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. Wm. Brodie, Detroit, Mich., after November 9th.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and coöperation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well-being.

Inquiries of a local character may be addressed to Wm. Brodie, M.D., Chairman Local Committee, Detroit, Mich.

A later circular, giving such detailed information as to local points, programme, transportation, etc., as may be available,

will be issued in due season before the meeting.

If any member entitled to them has failed to receive Vols. VII or VIII of the Transactions (Savannah and Indianapolis meetings), the Treasurer, Dr. J. Berrien Lindsley, Nashville, Tenn., should be notified.

CONSTITUTION, ART. III. The members of this Association shall be known as Active and Associate. The Executive Committee shall determine for which class a candidate shall be proposed. The *Active* members shall constitute the permanent body of the Association, subject to the provisions of the Constitution as to continuance in membership. They shall be selected with special reference to their acknowledged interest in, or devoted to, sanitary studies and allied sciences, and to the practical application of the same. The *Associate* members shall be elected with special reference to their general interest only in sanitary science, and shall have all the privileges and publications of the Association, but shall not be entitled to vote. All members shall be elected as follows:

Each candidate for Admission shall first be proposed to the Executive Committee in writing (which may be done at any time), with a statement of the business or profession, and special qualifications of the person so proposed; on recommendations of a majority of the committee, and on receiving a vote of two thirds of the members present at a regular meeting, the candidate shall be declared duly elected a member of the Association. The annual fee of membership in either class shall be five dollars.

AZEL AMES, JR., *Secretary*.

12 Pemberton Square, Boston, July 16, 1883.

#### *Editors Louisville Medical News:*

Congress having appropriated a small sum for furnishing special surgical appliances to those disabled in the military or naval service, your co-operation is respectfully invited, in order that this relief may reach the class of persons intended to be benefited.

This office is desirous of obtaining authentic information regarding all existing cases of severe and unusual injuries. Should you have occasion to report such, it will be found useful to bear in mind the following points:

1. As no money commutation is authorized, only such cases need be presented as offer a fair prospect of being relieved by surgical or mechanical appliances.
2. Artificial limbs and apparatus for disabled limbs being otherwise provided for by law, the injuries here in view are almost exclusively those affecting the head, face, or trunk.
3. As trusses are furnished under special

legislation, hernia, when not complicated with other injuries, is not to be understood as covered by this appropriation for special appliances.

4. As the appropriation is small, it is proper that it be expended only on the most meritorious cases. It is therefore not intended to furnish appliances which are ordinarily within the means of the individual, nor those that are of a character so perishable that it would be difficult to keep up the supply. Regard is to be had chiefly to the severity of the injury and the ability of the sufferer, unassisted, to procure relief.

C. H. CRANE,

*Surgeon General, U. S. Army.*

WASHINGTON, D. C. Aug. 28, 1883.

## Selections.

**PRESYSTOLIC MURMURS, ORGANIC AND INORGANIC.**—In the Practitioner for June are quoted some observations on the organic and inorganic causes of presystolic mitral murmurs, from Dr. A. E. Sansom, in his Lettsomian lecture on mitral stenosis. He describes the two principal forms of contraction—the commoner button-hole variety, in which the adherent valve segments viewed from above form a flat, hymen-like surface, presenting a narrow transverse chink at the center, and the much rarer “funnel mitral,” a hollow cone with a round orifice at the summit projecting into the ventricle. He holds, therein differing from Balfour, that the murmur is not necessarily associated with the final auricular contraction, but, though intensified by this, may be, and often is, produced by the mere force of friction of the inflowing blood during *diastole* after being pent up in the resilient left auricle and pulmonary veins. In support of this view he relates a case in which a presystolic murmur from stenosis co-existed with a left auricle lined with clot, so as to render contraction of its wall impossible. He also urges, as another proof, the fact that the murmur of the mitral stenosis is often more strictly diastolic than presystolic. In such cases it is very difficult to diagnosticate from diastolic aortic murmur, especially when the latter is best heard at the apex of the heart. Another possible source of fallacy is friction from pericarditis over the auricles.

Contrary to the general teaching that this murmur is always conjoined with disease of the mitral valve, Dr. Austin Flint cites cases

to show that a presystolic mitral murmur may occur with a healthy mitral valve. In these cases the left ventricle was dilated and hypertrophied; the mitral valve, post-mortem, normal, and competent, and the coronary arteries narrowed. A systolic murmur existed along with the presystolic. He explains the latter thus: The curtains of the mitral valve are pushed up and apposed, though not firmly, by the blood flowing in from the left auricle during ventricular diastole. Then follows auricular contraction, causing a jet of blood to fall on the central point of the apposed curtains, producing vibration of these and consequent presystolic murmur. He compares this to the vibration of the lips when a current of air is sent through them. He considers gradual disappearance of such a murmur a bad omen, probably indicative of loss of power in the auricular wall.—*Boston Medical and Surgical Journal.*

**URINARY CASTS OUTSIDE OF BRIGHT'S DISEASE.**—In *Lyon Médical* (July 22, 1883) we notice a report of some cases in which casts were found in the urine of individuals suffering from acute non-renal diseases, in whom an autopsy, supplemented by microscopical examination, confirmed the entire absence of any lesion of the kidneys. The first was a man of fifty-one years, deaf, who had pneumonia. The urine was bloody, with a considerable quantity of albumen. The autopsy showed, beside lobar pneumonia, chronic endocarditis without valvular insufficiency, atheroma of the aorta, and a slightly cirrhotic liver. The kidneys were absolutely healthy macroscopically and histologically. During life the urine, examined at first without coloration, showed, besides red blood globules in considerable quantity, hyaline casts, very transparent, quite short, some covered with little granular deposits of epithelial detritus. The examination of the sediment, stained with picro-carmin and osmic acid, showed the same casts in great numbers, some absolutely hyaline, others more or less covered with granular matter.

A second patient was a man who also died of double pneumonia. The kidneys, normal in gross appearance, presented no noticeable lesion of the epithelium microscopically. During life his urine, normal in color, had shown a large disk of albumen. Microscopically, without staining, there were found in the urine numerous waxy and granular casts. The sediment, after staining, showed also many casts, some almost per-



fectly transparent, others formed of granular matter more or less dense, yellowish, and sometimes slightly rose-colored.

Other cases are cited where no autopsy was had on account of the recovery of the patients, but where the author believes, from the subsequent history, that no renal lesion existed. One was of aortic insufficiency and cardiac irregularity, with transitory albuminuria. A few waxy casts were found, but no granular ones. Another man who had acute bronchitis with tricuspid regurgitation and edema had many casts in the urine, mostly transparent and homogeneous, but some with fissured edges, and others granular. In both the cases the albuminuria rapidly disappeared, and the patients were discharged cured.

In view of the interest attaching to such cases, it is to be hoped that further investigations will be made in a sufficient number of instances to cast further light on the question of tube-casts in individuals not having Bright's disease.—*Boston Medical and Surgical Journal*.

IS BACILLUS TUBERCULOSIS THE CAUSE OR THE CONSEQUENCE OF PHTHISIS?—A. T. H. Waters, M.D., F.R.C.P., in his recent address before the British Medical Association (*Medical Times and Gazette*), says: Of the many problems which await solution in connection with the subject which I have just considered, no one is more pressing than that of the dependence, or otherwise, of pulmonary consumption on the bacillus which has been so largely found, not only in the morbid deposits which result from the disease, but in the expectoration of phthisical patients. Should it be found that in all cases of genuine tubercular phthisis the bacillus tuberculosis is present, and should future researches show that the disease is caused by the parasite, a solidity will be given to the pathology of the affection, and perhaps the therapeutics of it will be materially aided. Speaking from clinical experience, I can not but conclude that the disease to which we give the name of phthisis has more than one mode of origin. Further investigation will perhaps clear up the doubt which exists on this point. And here I should like to observe that there are some affections of the lungs which closely resemble, in their clinical features, acute phthisis, and yet which, under careful treatment, do not go on to a fatal issue. Of such cases I have now seen several. Their general symptoms, their physical signs, their

temperature-ranges, made me conclude that I had to deal with cases of acute pulmonary tuberculosis, and I have expected a fatal result, but recovery has taken place. These cases occurred before attention was directed to the presence of bacilli in the sputum of phthisical patients, and no examination of this secretion was made. In instances of a similar kind we shall now be able to use this method of investigation, and possibly it will afford a valuable means of differential diagnosis, and enable us to give, in cases where the bacilli are absent a more favorable prognosis than the general symptoms would otherwise warrant. I may say, in regard to the cases to which I have referred, that they were treated by free nutrition, the administration of quinine, and a somewhat liberal quantity of alcoholic stimulants.

The great point which remains to be decided, and which I hope the discussions which will take place at this meeting will help to decide, is, whether the so-called bacillus tuberculosis is the cause or the consequence of the tuberculous disease.

EXCISIONS AND AMPUTATIONS IN TUBERCULAR SUBJECTS.—Prof. Ollier, in the *Lyon Med.*, thus sums up the conclusions drawn from his extensive practice in this class of affections:

1. Articular excisions performed on tuberculous subjects may be attended with durable success. They allow not only of a local cure being obtained, but also of those general accidents being eradicated which have their source in the absorption of the products of articular tubercular disease.

2. The gravity of the tuberculosis is very variable. It may remain for a long time local, or what appears to be so, so slow is its progress, and so long does it continue unaccompanied by general phenomena. The question of soil (*terrain*) seems to exert a capital influence.

3. It is probable that, in the anatomical group of tubercular lesions, there may be pyogenic affections of different kinds. Histology has not as yet furnished us with the means of making these distinctions. Inoculation and a study of the tubercular microbe will probably allow of our soon establishing differences which at the present time we can only suspect. . . .

4. Articular excisions in subjects who have presented all the anatomical and clinical signs of a tubercular affection have enabled us to obtain cures which have been maintained for fifteen years and more.

5. Amputations should be preferred to excisions in the grave forms of articular tuberculosis, especially in lesions of the lower extremities. We should have recourse to them when it is a matter of importance to suppress without delay a suppuration which threatens life.

6. In principle, amputations offer more shelter against secondary infections than excisions; but they never constitute a radical operation. The deep-seated, inaccessible ganglions, already invaded by the tuberculosis, subsist in the one case as in the other.

7. An excision followed by a complete local cure—that is to say, by the definitive cicatrization of the wound from the operation—does not expose more than amputation to secondary tubercular infection.

8. Hygiene and general medication are of great importance in the modification of the soil in which tuberculosis may become developed. Local modifications may destroy the tubercular tissues, and transform them into stable cicatricial tissue—such modifications, moreover, taking place spontaneously in many subjects, and especially in children. Notwithstanding the inoculability of its products, tuberculosis can not be assimilated to cancer, whether as regards its prognosis or therapeutical indications.

**SPLENECTOMY.**—Rather more than a year ago, Mr. Herbert Collier published a table of twenty-nine cases of removal of the spleen, showing eight recoveries, but an invariably fatal result when the splenic disease was associated with leucocythemia. From this fact Mr. Collier drew the inference that the operation was not justifiable in cases of leucocythemia. In some quarters exception was taken to this view, and it was pointed out that the operation had been employed when the disease was too far in advance, and that it was wrong to infer that the same mortality would attend it if performed at a quite early period and before the general blood-changes were far advanced. A case has occurred in the practice of Franzolini, of Turin, which appears to support this view. His patient was a young woman, twenty-two years of age, whose illness commenced with pain and distress in the left side of the abdomen two years before she came under his care; after eighteen months a large splenic tumor was noted, and some months later an increase of leucocytes in the blood, which at the time of the operation were five times in excess of the normal. The spleen was removed through an inci-

sion in the linea alba, its artery and vein were ligatured separately; it weighed, after removal and when blood had run out of it, fifty-two ounces. The leucocythemia gradually subsided, and had disappeared altogether in four months. This case is certainly encouraging. Dr. A. Blum has recently written an article upon the whole subject of excision of the spleen in the *Archives Générales de Médecine*. His conclusions, based upon a study of the recorded cases, are, that while the operation of splenectomy is practicable and is compatible with complete recovery, it is so often fatal from hemorrhage or shock that it is but rarely indicated. He considers that it is not justifiable in cases of splenic cysts, because they can be cured by other and milder measures; or in cases of hypertrophy, whatever its cause, or in cancer of the organ, on account of the very high mortality. But he points out that in cases of movable spleen with marked and severe symptoms the operation is comparatively easy and successful; while, in cases of hernia of the spleen following an injury, the removal of the herniated portion is so successful that the surgeon is fully warranted in undertaking it.—*The Lancet*.

**HEMORRHAGE INTO THE NERVOUS CENTERS DURING PURPURA HEMORRHAGICA.**—Dr. Duplaix terminates a paper, published in the *Archives Générales* for April and May, with the following conclusions:

1. There exists in the course of purpura hemorrhagica certain cerebral disturbances which are of frequent occurrence, and which depend upon cerebral lesions.

2. These cerebral manifestations are very variable in their intensity. Sometimes they are scarcely marked and pass unperceived, while at others they are sufficiently violent to prove fatal.

3. They recognize as their cause certain modifications in the condition of the nervous centers. Most frequently it is to cerebral anemia that they owe their appearance, but there are cases in which hemorrhages give rise to them.

4. These hemorrhages are most often of but slight extent. They occupy sometimes the meninges and sometimes the cerebral substance, and oftentimes both the meninges and the brain.

5. True hemorrhagic centers may exist without any fixed seat, the consequences of which are the same as those of ordinary cerebral hemorrhage.

6. The hemorrhages, whatever may be their extent, are very rare, and this rarity is explained by the complete cerebral anemia which exists in most of these patients.

7. Their pathogeny does not differ from that of hemorrhages of other organs, but we must take into account the conditions of the circulation and of the vascular changes which have been described, especially in the cases in which intense accidents have been slow of production in debilitated subjects.

8. The clinical manifestations have been very variable, and, while holding in the main some relation to the extent and intensity of the lesions; there are, nevertheless, cases in which, in spite of the existence of lesions, no symptom has been observed during life, and others in which anemia has been the sole lesion observed in patients who have presented marked symptoms. The lesions taking place in centers (*foyers*) are the only ones which have well-defined symptoms.

9. The diagnosis is difficult in most cases, and hemorrhage should be suspected always, notwithstanding the more frequent occurrence of anemia. The prognosis is directly proportionate to the intensity of the nervous accidents.—*Med. Times and Gazette*.

**TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.**—In a paper by Dr. Carl Breus, in the *Archiv für Gynäkologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of chloral hydrate, were also employed. The convulsions set in at different periods during labor, and in the course of the first day after delivery. In four cases they came on at the beginning of labor, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There were present in all the cases albuminuria, together with more or less edema. The baths were employed after the convulsions set in, during and after labor. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that the immediate danger to life in these cases is due to the diseased state of the blood—hydrema—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-

state. This he believes is brought about by profuse sweating, which, he states, diminishes, the quantity of albumen in the urine, and the edema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labor when used during pregnancy, nor have they occasioned hemorrhage when employed soon after labor.—*The Medical Gazette*.

**THE TREATMENT OF HEMORRHAGIC MALARIAL FEVER.**—In Dr. McDaniel's experience (he reported eighteen cases in the *Medical News*, July 21st), no cases treated with quinine recovered; and in Dr. Webb's (thirty-three cases reported in the *Medical News* of September), none treated without quinine recovered. Statistics are proverbially unsatisfactory; but these results are, at first thought, confounding. In such an important matter as this, however, one is inclined to look below the surface and seek an answer to the question, Had I hemorrhagic malarial fever, would I prefer to be treated with quinine or without it? Such an examination can not fail to discover the following: In the first place, this disease is acknowledged by all, including Dr. McDaniel, to be malarial in its origin, for which, at some period of the disease, quinine is generally acknowledged to be a suitable remedy. Again, although it is true that all of Dr. McDaniel's cases treated without quinine recovered, more than half (59.33 per cent) of those treated with quinine also recovered; and it does not follow that if those which recovered without quinine had been treated with it they would have died. Further, if we sum up the cases of both writers, it will be noted that out of fifty-one cases in all, thirty-eight were treated with quinine and thirteen without. Of the former, thirty recovered and eight died. Of the latter, thirteen without quinine, seven died and six recovered. So that from either point of view the result seems to be in favor of a quinine treatment.—*Medical News*.

**TREATMENT OF INFANTILE GASTRO-ENTERITIS.**—From observations made in the Children's Hospital at Pesth, Dr. Epstein concludes (*Prager Med. Wochens.*) that a liquid diet, poor in fatty matters, is the basis of treatment of gastro-enteritis in young infants. He recommends particularly an albuminous beverage, obtained by beating up the white of an egg with a pint of water, previously boiled, the resulting mixture being then carefully filtered. At the Pesth Hospital

this is prepared fresh three times daily, and is kept in a bottle well corked and placed on ice. In a word, all precautions are taken to prevent the introduction of micro-organisms into the system. Nursing from the breast should be completely stopped for the first few days. Every three hours two ounces of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonfuls. The child should not be put back to the breast until the loss of flesh, which is considerable at first, is compensated by gain. Again, when at the commencement there is violent vomiting and rejection of yellowish curds, Epstein washes out the stomach daily, for from eight to fifteen days, by means of the esophageal tube. As regards direct remedial measures he employs the following potion:

R Sodæ et magnes. benzoat., . . . . . Div;  
 Sp. vini gall., . . . . . 3ss;  
 Aquæ, . . . . . 3vj.  
 M. Sig.—Teaspoonful every two hours.

**NECESSITY OF EXPOSURE OF SOFT CHANCRES WITH REGARD TO TREATMENT.**—Percy Potter, F. R. C. S., writes to the *Lancet* as follows: Too often one sees in the hospital practice a condition of sloughing phagedena which has extended around the corona and involved the glans, with a history of its having begun as a small sore. These cases are much worse where the prepuce is long, for the pent-up putrescent discharge finds no escape owing to the edema, and the mischief commencing as a chancre involves the opposed surfaces of mucous membrane, and sooner or later the whole glans and foreskin are one sloughing, offensive mass. Besides several others which have lately been admitted, there are now under treatment here three patients the subjects of extensive sores of the penis.

In the first case phimosis had existed one week; there was a fetid discharge from the orifice; no sore felt on external manipulation, but a large ragged ulcerating surface, covered by a detached slough, was exposed by an incision through the prepuce; this ulceration surrounded the neck of the glans, and had invaded the tissues nearly down to the urethra. Again, in the second case we had to deal with a sore of the corona, and another at the urethral orifice; both these had the appearance of extending, and were completely hidden by a long edematous foreskin.

The third case was characterized by sloughing phagedena of the penis and fore

part of the scrotum, with brawniness of the perineum and pubic region. Here multiple incisions were made, tension relieved, and the sloughs removed. The surface of the penis was black and gangrenous. The above patients are up and about the ward, and shortly will take their discharge.

The plan advocated is simply to slit up the prepuce upon a director with a curved bistoury, without anesthetic. The fear sometimes entertained that the recently cut surface may become specifically affected is practically groundless, so long as it is kept clean. The form of local application is second in importance to the prevention of coaptation of the opposed mucous surfaces.

As gonorrhea is so frequently concomitant with chancre, it is obvious that this can only be diagnosed and treated with certainty by completely exposing the orifice of the urethra. The formation of bubo with its long-lasting sinus is obviated, the local treatment of sore greatly hastened, and the prevention of cicatricial tissue between the glans and prepuce prevented by the above operation, and I think the results are superior to circumcision, because the incision is not so long in healing, and the organ is rendered by no means more unshapely than by the complete removal of the foreskin.

The object of these brief remarks is not to claim any novelty or originality in the treatment, but to enforce the importance of exposing the mischief early, so that it can be treated locally with the best possible result.

**ARBUTIN.**—Arbutin is obtained from bearberry leaves, *Uvæ ursi folia*. (Dr. H. Menche, in *Centralblatt für Klin. Med.*) He finds that it acts in many cases as a valuable diuretic. Large doses may be taken without any ill effects. It passes in the urine partly in the form of hydrochinon, which is closely allied chemically to phenol. Urine containing hydrochinon becomes, by standing, of an olive-green color, just as happens in carboloria. Arbutin is of service in urethritis even of a specific nature. Brieger has employed a solution of hydrochinon as an injection in gonorrhea, but the internal administration would seem to answer the same purpose. Arbutin is a glucosate (a compound of glucose with an acid—e.g., tannin), and occurs as fine white stable acicular crystals, soluble in water, of neutral reaction, odorless, and of slightly bitter taste. The best mode of administration is in the form of powder dissolved in a tablespoonful of water. Patients do not complain of its taste.